the impulse. Such is not the case in adults in whom the expulsion of intestinal contents is generally postponed to a convenient time. Hemorrhoids are rare in children. Rectal diseases occur with varying frequency in childhood and adult life; their presence or absence is not due to chance, but depends upon well-defined variations in the anatomy of the parts, the functional activity of the organs and the environment of the individual.

OBSTETRICS

UNDER THE CHARGE OF

EDWARD P. DAVIS, A.M., M.D.,

PROFESSOR OF OBSTETRICS IN THE JEFFERSON MEDICAL COLLEGE, PHILADELPHIA.

Labor Complicated by Uterine Inertia.—Titus (*Jour. Am. Med. Assn.*, September 14, 1918) draws attention to the difficulty of classifying cases of uterine inertia because the element of time alone is not sufficient to establish a classification. One must take into consideration the type of patient and what would naturally be expected from a person of the particular type. The effort to make a distinction between primary and secondary inertia is of very doubtful value. But there is a difference between inertia and exhaustion. Inertia uteri is often due to inherent fault or lack in the muscle and nerves of the uterus, while exhaustion follows a long continued effort against an obstacle. The prophylactic treatment of the two is evidently different for while little or nothing can be done to prevent uterine inertia such obstacles as face presentation, contracted pelvis or posterior occipit can be recognized and thus exhaustion prevented. Inertia is usually apparent in the first stage of labor. Those who are below par physically from any cause endure the nagging pains of the first stage of labor very poorly. Oftentimes the patient becomes entirely unreasonable, demanding instant relief and exciting great apprehension in the minds of those about her. Even though the membranes be not ruptured a greatly prolonged first stage may lead to exhaustion through lack of sleep and lowering of the power of resistance. When the membranes are ruptured the condition may readily become serious. In 76 cases of inertia of the uterus 21, or 26 per cent., seemed to be due to the fact that the membranes had ruptured before labor pains began. The fact that the membranes ruptured early does not inevitably mean inertia for many patients have strong labor pains and rapid delivery following premature rupture of the membranes. If, however, the membranes have been ruptured for some time it is more than probable that interference will become necessary. A rise of temperature on the part of the mother with increased pulse-rate or rapid, irregular or very slow fetal heart-beat, with or without the passage of meconium, show that the fetus is in danger. Interference may mean incision of the cervix, damaging pressure from forceps, laceration, hemorrhage and liability to infection. If the patient can be carried on into the second stage of labor whether the membranes that compensation should be maintained. A careful general examination of the patient is necessary to determine whether this is present or absent. Low blood-pressure is of importance as indicating the possible failure in the action of the heart. In pregnant patients whose compensation is failing and when a well-defined heart lesion is present a very strict hygiene should be maintained. The least sense of fatigue is to be avoided, and if the patient cannot take exercise she should have massage until outdoor exercise can be maintained. Blood-pressure readings are of considerable value in determining the condition of the patient. Offending tonsils or teeth should be removed and the pregnant condition of the patient is no contra-indication.

GYNECOLOGY

UNDER THE CHARGE OF
JOHN G. CLARK, M.D.,
PROFESSOR OF GYNECOLOGY IN THE UNIVERSITY OF PENNSYLVANIA, PHILADELPHIA,
AND
FRANK B. BLOCK, M.D.,
ASSISTANT INSTRUCTOR IN GYNECOLOGY, MEDICAL SCHOOL, UNIVERSITY OF PENNSYLVANIA, PHILADELPHIA.

Comparative Physiology of the Corpus Luteum.—In recent years some very interesting facts have been observed by veterinarians on the influence of the corpus luteum on sterility and abortion in the cow, and it has occurred to OCHSNER (*Illinois Med. Jour.*, 1919, xxxv, 225) that this data might be of great value in solving some of the similar problems in the human female. It has been observed, for instance, that if a false corpus luteum remains unabsorbed in either ovary of a cow she does not come in heat, a condition which corresponds to amenorrhea in woman, and so long as the cow does not come in heat she, of course, remains sterile. On the other hand, as soon as the false corpus luteum is absorbed normally or is expressed manually by the operating hand of the veterinarian the phenomenon known as heat develops within twenty-four hours. This observation has been made so many times by a sufficient number of highly trained, experienced veterinarians that in the minds of the veterinary fraternity it is no longer a debatable question. The author has had a number of patients with premature menopause who gave the history of having suddenly stopped menstruating because of a severe chilling during a menstrual period and who have never menstruated since, and another considerable number of patients who, following a severe chilling or illness during a menstrual period, menstruated only at intervals varying from several months to several years, who have had the distressing symptoms of artificial menopause, whom he today would laparotomize, carefully examine the ovaries of, and if an unabsorbed corpus luteum were found excise the same, with the hope of relieving their symptoms, reëstablishing men-